

UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet

Date form started:

Name:		Address:	
Phone Number:			
Birth Date:			
Emergency Contact/Phone numbers:			
IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)			
TETANUS		FLU VACCINE(S)	
PNEUMONIA VACCINE		HEPATITIS VACCINE	OTHER
Allergic To /Describe Reaction:		Allergic To /Describe Reaction:	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	DATE STOPPED	Notes: Reason for taking / Doctor Name

Refer to back of form for directions, benefits of using the form, and how to get more copies.